## 1206000008/25/

(Requ	uestor's Name)	
(Address)		
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Waffy's L Name of	Limited Liability Company	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
\	Name of Person		
<u> </u>	Jaffy S. L.C. Firm/Company	SECRETARY OF ALLAHASSEE.	-
_1.	375 SW 12th ave	OF STATE E, FLORIDA	1
Pe	mpano Beach, Fl City/State and Zip Code	33069	
Levy stellors & waffys - Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
<del></del>	horystell Borg Name of Person	at (954) 740-9683  Area Code & Daytime Telephone Number	
·	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Wo PP	15-5 LLC			
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 1375 Sw 12th ave Pompano Beach, PL 33069			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1375 SW 12th ave Pompano Beach, PL 33069			
08/16/2006  3. Date of filing/registration in Florida	<u>L06000081251</u> 4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	SRJPL Law			
Registered Office Address:	6303 Blue Lagoon Drive Ste 400 Hami, FL 33126			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Krystel Books			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1375 SW 12 18 2 1 1 3 3059			
If the limited liability company is not organized under the laws of the State of Florida it is leeby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member				
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my participation of the company of the confirm that the limited liability company address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.			
Signature of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00